



# LOS ANGELES COUNTY COMMISSION ON HIV

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## JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES

March 27, 2013

Approved  
2/25/2015

The JPP Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support JPP Committee activities.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	DHSP STAFF	COMM STAFF/ CONSULTANTS
Aaron Fox, Co-Chair	Sergio Aviña	James Chud	None	Jane Nachazel
Stephen Simon, Co-Chair	Kyle Baker	Erik Enriquez		Craig Vincent-Jones
Joseph Cadden	Cheryl Barrit	Miki Jackson		
Michael Johnson	Lee Kochems	Luke Klipp		
Jason Wise	Elizabeth Mендia	Ricky Rosales		
		Lambert Talley		

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- 6) **Letter:** LIHP Waiver Program and Medicaid Expansion, 3/21/2013
- 7) **MOU:** State of California, Department of Health Services, California's Duals Demonstration, Memorandum of Understanding, Fact Sheet, 3/2013
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- 14) **Bill:** SB 323 (Lara): Tax exemptions: prohibited discrimination, 3/21/2013

1. **CALL TO ORDER:** Mr. Fox called the meeting to order at 1:10 pm.

2. **APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order (**Passed by Consensus**).

3. **APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the 2/27/2013, 1/23/2013, 10/31/2012 and 6/27/2012 Joint Public Policy (JPP) Committee Meeting Minutes (**Passed by Consensus**).

4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMITTEE COMMENT, NON-AGENDIZED:** There were no comments.

6. **CO-CHAIRS' REPORT:**

A. **Co-Chair Elections:** Messrs. Fox and Simon were nominated 1/23/2013. There were no other nominations.

**MOTION #3 (Johnson/Cadden):** Elect Aaron Fox and Stephen Simon Joint Public Policy (JPP) Committee Co-Chairs (**Passed by Consensus**).

**7. LIHP ENROLLMENT/IMPLEMENTATION:**

- Mr. Vincent-Jones spoke with Quentin O'Brien, Chief Operating Officer, Ambulatory Care Network, Department of Health Services (DHS) in February about the transition of Ryan White (RW) clients to the LIHP. Mr. O'Brien had been concerned some RW clients were coming too close to their ADAP deadlines and assigned a specific staff person to address that. Over 3,000 PLWH have been enrolled which is consistent with estimated targets. Some 30,000 non-HIV applications are pending.
- LIHP six-month recertification is not going well. It is a federal requirement despite the fact that LIHP is only an 18-month transitional program. Dr. Mitchell Katz, Director, DHS is upset with the requirement and seeking solutions.
- Mr. Fox reported there had been a proposal to recertify by mail. Providers objected because many clients will need the assistance of providers to re-enroll successfully. A work group was formed to address issues and ensure clinic access.
- ➔ Mr. Vincent-Jones will ask Mr. O'Brien to report or send an update to the Commission on RW clients transitioning to LIHP.
- ➔ Mr. Vincent-Jones will follow-up on the status of the LIHP six-month recertification process.

**8. AFFORDABLE CARE ACT (ACA) IMPLEMENTATION:** Mr. Vincent-Jones said this was agendized to focus discussion on ACA implementation preparations. Little time has been spent identifying priorities and a work plan due to other system changes.

**A. LIHP Migration to Medi-Cal:**

- Mr. Fox noted a letter to Secretary Diana Dooley, California Health and Human Services Agency expressing concern about lack of preparation to transition clients from county LIHPs to the ACA Medicaid Expansion on 1/1/2014. Mr. Klipp noted the letter also castigates delay for ostensible state consideration of whether to implement a county- or state-based Medi-Cal Expansion as only a state-based system is feasible. There were 28 signatory organizations.
- Mr. Fox added many concerns were raised at the prior week's statewide call-in day. The state said it had not decided whether to use a county- or state-based system, but clearly both counties and the Legislature support the latter.
- Mr. Johnson said a key concern with the state-based system is that clients will need to be enrolled individually as the multiple LIHP databases cannot be merged. There have been no IT discussions with county LIHPs to facilitate their merger or their merger with the state. Database structures vary and there is no mechanism to merge fields.
- Part of the IT component and patient algorithm is very difficult even at the county level. Los Angeles County has spent millions of dollars to support a health information exchange by investing in an algorithm to allow identification of duplicates. For the last 50 years, DHS has used "Maria Sanchez" for unverified clients.
- Mr. Fox noted Center for Medicare and Medicaid Services (CMS) Special Terms and Conditions require the state to implement and adhere to a LIHP Transition Plan. Activities are to begin 7/1/2013 for eligible enrollees to transition from LIHPs to Medicaid or the Exchange by 1/1/2014. There has been no formal response to the Dooley letter, but Kyle Baker, DHSP, reported at the 3/25/2013 Executive Committee that it reminded the state about impending deadlines.
- The two Medi-Cal expansion bills in the Legislature must be passed in order to proceed with the transition. Mr. Fox said the bills are being delayed by concerns about long-term issues, e.g., funding once federal funding decreases in 2020.
- Mr. Chud said the Board of Supervisors was recently asked to allocate \$20 million to engage Oracle for professional services, consulting and to create a normalized data repository for the County to support its health care system.

**B. Medi-Cal Managed Care:** This discussion is incorporated below.

**C. Insurance Exchanges/Covered California:**

- Mr. Johnson felt benefits navigation for patients under Covered California will present a logistical and financial burden for agencies with contracts in the narrow networks. Plans are obligated under the Knox-Keene Act to migrate patients who are no longer eligible, but patients will need assistance to identify their best plan options.
- Mr. Vincent-Jones said Benefits Specialty will merge with Health Insurance Premiums/Cost-Sharing (HIP/C-S) for a new Benefits Support service category which will include patient navigation. Mr. Johnson said it is not addressed in systems now and will need to be reimbursable. Costs will be notable for the highly trained and IT knowledgeable staff needed.
- Mr. Fox added program categories will be traditional Medi-Cal, Medi-Cal Expansion and Covered California. The latter includes a bridge plan for those who fluctuate above the Federal Poverty Level (FPL) up to 200% FPL, tiered plans for those between 200% and 400% FPL and Cal MediConnect, the new official name for the Duals Demonstration.
- The Department of Health Care Services (DHCS) signed a Cal MediConnect Memorandum of Understanding (MOU) with CMS. It differs significantly from the initial proposal with three month of opt in open enrollment starting in October

2013 then 15 months of rolling enrollment up to a 200,000 Los Angeles County cap. PLWH can opt out. Plans and rates are not yet set. The Duals Demonstration Waiver remains open, but those with a Medi-Cal share-of-cost are ineligible.

- Mr. Klipp urged review of standard benefits for Covered California tiers, e.g., co-payments, deductibles and premiums. He thought the Silver Plan, the baseline, has a maximum annual deductible of \$6,400. RW clients who transition into such a plan would have costs unless the State Office of AIDS (OA) develops a reimbursement mechanism.
- On the other hand, that raises the question of whether all PLWH should receive fully subsidized care. Under ACA, virtually everyone must have health insurance and contribute to its expense according to their eligibility level. Mechanisms to reimburse PLWH for their expenses, but not those of others, may be contentious. He felt the Commission should examine program details and costs to consider Commission responses.
- Mr. Johnson added the same reimbursement mechanism issues exist at the County level. There is no current mechanism to accomplish what is, in essence, the submission, evaluation, approval and payment of a claim.
- Mr. Vincent-Jones noted the Commission attempted to establish such a mechanism at the County level to fill the Medicare Part D "donut hole." There were significant administrative hurdles and the effort eventually failed.
- Mr. Fox noted the JPP Co-Chairs, a DHSP representative and Mr. Vincent-Jones had a conference call with OA to review gaps and identify OA statutory or capacity limits in filling them. The group explored whether Part A might fill gaps OA could not and planned to develop a grid showing gaps and potential resources to fill them. Ultimately, however, Covered California clients and some Medi-Cal clients will need to pay some out-of-pocket costs. He felt the goal should be to minimize those costs especially for those in the lower tier Covered California plans who lack subsidies.
- Mr. Johnson asked if the new Medi-Cal for those with 138% FPL or less will include a share-of-cost. Mr. Fox replied it would not, but there would be co-payments. Mr. Johnson said co-payments can create a barrier to services. It is especially important to review what prevention services are covered and at what cost.
- Mr. Talley said people were already coming to him confused and frustrated to the point of wanting to drop out of care. He urged a focus on educating consumers to know options available to them and how to fight for their rights.
- Mr. Fox noted there is a calculator on the insurance exchange website. Plug in your income and it identifies options including Covered California and Medi-Cal. He found subsidy amounts for out-of-pocket costs somewhat confusing.
- Mr. Vincent-Jones stressed distinguishing between Medi-Cal Managed Care and Medi-Cal Fee-For-Service (FFS) which have different benefits packages. Most RW clients will transition to Medi-Cal Managed Care. Currently, AIDS Healthcare Foundation (AHF) is the only HIV-designed Medi-Cal Managed Care plan, but there are other plans.
- Mr. Johnson added the long-term goal is to eliminate Medi-Cal FFS wherever possible in lieu of Medi-Cal Managed Care. He urged a strong communication policy both to other policy makers and to educate consumers since services will be accessed differently and include costs. Prevention services are of special concern as there is experience with care in general managed care plans, but no experience with prevention especially for those at high risk.
- Mr. Klipp noted many high risk HIV- people now lack any insurance so would benefit by improved health care services. Those familiar with nonclinical prevention services can still access them and such providers need to inform clients of their right to do so. Mr. Johnson feared pressure could build to cut funding to experienced providers once services such as testing are available elsewhere even though services, especially for prevention, may be inadequate.
- Mr. Fox added there has been an historical divide between regular health care and HIV care and prevention. That landscape is changing, e.g., with legislation for routine testing. There will be much more access to services. The concern will be to ensure that all needed services continue. Mr. Chud noted managed care is under pressure to limit services.
- Dr. Cadden suggested identifying those particular skill sets that need to be disseminated in managed care plans. Mr. Vincent-Jones noted there are basically two models of HIV care now – the Ryan White (RW) HIV providers and Kaiser. Insurance exchanges will expand providers to managed care plans with little interest or expertise in HIV. He questioned if there is sufficient assurance new providers will meet even minimum federal Public Health Services (PHS) Guidelines.
- Mr. Johnson said providers need not directly provide HIV specialist care if they contract it, but contractors may not be sufficiently qualified. Access and availability standards are also written into law, but may not meet the need, e.g., there are similar requirements for mental health services in Medi-Cal, but a provider may be 30 miles or 30 minutes away which is problematic in the County. Appointments should be within 30 days, but there is often a six-month wait.
- He added PLWH have been trained over 30 years to access medical and support services through one agency. Access to wraparound services, especially for those at risk, is a concern as the model shifts to one that is medically-based. Dr. Cadden has already experienced problems connecting private patients to wraparound services such as housing.
- Mr. Klipp reported providers have submitted or are in the process of submitting proposals to the Exchange for approval as qualified health plans. Contracts will be approved in a few months and will last two years. Providers who have not

yet begun the process will have to wait until the next round. Initial proposal requirements include “essential community providers.” Qualified providers can be added later to replace or augment other network providers.

- There was general agreement managed care plans will not replicate all RW services so maintaining them is critical. Mr. Fox recommended a close watch on the May Revise. It will include an estimate of how many people are expected to migrate from ADAP to new programs, which will affect RW funding, and information on any educational components.
  - Mr. Vincent-Jones asked if there were indications DHS was starting to plan for the transition from LIHP to the new plans. Dr. Cadden said he had seen none. They appeared to be trying to catch up on LIHP empanelment. Ms. Jackson said the Health Deputies have not talked about HIV per se, but appear confused about the overall situation.
- ⌚ Add Cal MediConnect as standing agenda item.
- ⌚ Mr. Klipp will forward information on the Covered California plans to Mr. Vincent-Jones.
- ⌚ Mr. Vincent-Jones will develop a memorandum based on discussion to outline a work plan with priorities to address issues. He will discuss the memorandum with the JPP Co-Chairs and hopefully present it at the 4/11/2013 Joint Commission/PPC meeting to ensure appropriate attention to PLWH issues.

**9. FY 2013 LEGISLATIVE DOCKET:**

- A. **AB 249 (Leno): Public health records: confidentiality:** The hearing date has not yet been set.
- B. **AB 299 (Holden) Pharmacy:** The hearing date is 4/9/2013. The bill has significant support.
- C. **AB 332 (Hall): Adult Films:** Ms. Jackson said one Arts and Entertainment Committee analyst strongly opposes and is stalling the bill. AIDS Healthcare Foundation (AHF) is developing support to move it through the Committee. No hearing date is set.
- D. **AB 336 (Ammiano): Prostitution: evidence:**
  - The hearing for this bill sponsored by AHF and the Los Angeles Gay and Lesbian Center (LAGLC) will be scheduled after receipt of a study that was done in San Francisco. The ACLU already supports the legislation.
  - The City of Los Angeles is discussing a possible moratorium on using condoms as evidence for prostitution.
  - Ms. Jackson suggested an educational letter to both mayoral candidates and possibly City Council members. Mr. Vincent-Jones said it would be inappropriate for the Commission to send a letter as the County has not taken a position, but AHF and LAGLC might consider doing so.
- E. **AB 446 (Mitchell): HIV Testing:**
  - The hearing was postponed. There are concerns that the bill cuts critical patient information. Current law requires providers to inform a patient before ordering a test that it is planned, provide information about the test, that there are treatment options for a person who tests HIV+ and that a person testing HIV- should continue routine testing. The new law would only require the provider to inform a patient that the test is planned and of the right to decline it.
  - This would be the closest law nationwide to routine opt out HIV testing. The California Medical Association supports the bill mainly to save office time. Mr. Fox brought concerns back for input on common practice. Dr. Cadden noted LAC+USC Medical Center developed a process to link those testing HIV+ to care. There is no general hospital standard.
  - Mr. Klipp noted earlier discussion emphasized expanding education so it is somewhat inconsistent that this bill reduces it. Mr. Vincent-Jones said the bill has been discussed for 18 months. The same arguments are raised every time a bill pertains to testing. Project Inform and San Francisco AIDS Foundation want to adhere to a 20- to 30-year-old model of care that today creates stigma and imposes barriers to care in time and funding that impede the goal of significantly increased testing. His main concern was that Assemblyman Mitchell was assured there was broad community support.
  - Dr. Cadden said language is vague regarding testing for “every blood draw” in an emergency room. One patient might have multiple blood draws in an emergency room visit, but language does not clarify that only one test is needed.

⌚ Mr. Fox will carry the concern about blood draw language back for review.

⌚ Ms. Jackson will assist in coordinating a meeting of AHF and Commission staff with Second District staff to advocate for the Second District to sponsor the legislation for the County.
- F. **AB 506 (Mitchell): HIV Testing: infants:** There was nothing new on the bill.
- G. **SB 323 (Lara): Tax exemptions: prohibited discrimination:**
  - A hearing should be scheduled soon for this bill sponsored by Equality California.
  - The Commission recommended adding health status and disabilities to the list of prohibited discrimination. Mr. Vincent-Jones spoke with Senator Lara’s office which will consider the amendments after receipt of a support letter.

⌚ Mr. Fox will email Mr. Vincent-Jones a template to use in composing the amendment letter for Senator Lara's office.

**H. Other Legislation:**

- Mr. Klipp called attention to SB 28 (Hernandez) which enacts various elements of the ACA-related state legislation. It requires anyone eligible for Covered California to leave any state-funded plan, including ADAP, and enroll in Covered California. The current bill does not provide an exception for wrap-around services.
- The bill is in the Senate Health Committee and has not moved as yet, but should be watched to ensure amendment.
- ⌚ Mr. Klipp will follow-up with OA to ensure they are aware of the problem and are addressing it.

**10. RYAN WHITE REAUTHORIZATION:** Mr. Vincent-Jones reported the summary was three-quarters written.

**11. STATE BUDGET:** Mr. Fox reiterated the importance of monitoring the May Revise especially the estimate of people migrating from ADAP which affects funding levels. Governor Brown is also likely to include more about changes to Medi-Cal.

**12. COMMUNITY COLLABORATIONS:**

**A. CA Center for HIV/AIDS Policy Research:**

- Mr. Fox said a longer routine testing paper will be completed soon. It will include the history of testing and the movement toward routine testing. A rapid response piece based on the paper will describe what routine testing has been done in California as well as data from New York, Massachusetts and Houston. The New York data is not very conclusive as implementation has been poor. New approaches are needed as 18%-20% of PLWH remain undiagnosed.
- Regarding the undocumented study, Mr. Vincent-Jones heard Dr. Karen Mark, Director, OA tell Arleen Leibowitz that she could receive data within one day of her request. He did not know if she had requested OA or DHSP data.

**13. WORK PLAN REVIEW:** This item was postponed.

**14. ANNOUNCEMENTS:**

- Mr. Chud will be in Washington testifying to Congress on housing and Mr. Fox will be in Sacramento on 4/11/2013.
- Mr. Johnson emphasized the importance of transition planning for the new body to ensure knowledge is transferred.
- Ms. Jackson reported AHF is sponsoring a City of Los Angeles initiative for the return of City public health functions and funds from County to City control. AHF feels City control would offer better oversight and ensure funds address City needs. Long Beach and Pasadena already successfully manage their own health departments. An early poll indicated 70% support despite little public relations work. Non-City County residents would not vote as the initiative pertains to City funds.

**15. ADJOURNMENT:** The meeting adjourned at 3:20 pm.